

# DMH Satisfaction Survey Results

## Consumer Satisfaction - 2002

### Alcohol and Drug Abuse Services - Non-Residential Family

## Who Completed the Forms

One question on the survey asked who completed the survey form. The following table describes who completed the forms for people served by the Division of Alcohol and Drug Abuse.

	Total ADA Non- Residential	CSTAR Adult Women	CSTAR Child/Adol.	CSTAR General	GTS Adult	Methadone
Mother	119 (55.3%)	6 (35.3%)	109 (68.1%)	0 (0%)	4 (12.9%)	0 (0%)
Father	20 (9.3%)	0 (0%)	17 (10.6%)	0 (0%)	3 (9.7%)	0 (0%)
Guardian	14 (6.5%)	0 (0%)	14 (8.8%)	0 (0%)	0 (0%)	0 (0%)
Spouse	15 (7.0%)	5 (29.4%)	0 (0%)	2 (66.7%)	5 (16.1%)	3 (75.0%)
Other	47 (21.9%)	6 (35.3%)	20 (12.5%)	1 (33.3%)	19 (61.3%)	1 (25.0%)

## Sample Size

Information is based on the number of returned forms and the number of people served according to DMH billing records.

<i>Non-Residential Family</i>	Number Forms Sent - April 2002	Number Forms Returned	Percent of Served Returned
Total Non-Residential Family Members	2617	239	9.1%
CSTAR Women/Children Family	200	18	9.0%
CSTAR Women Alternative Family	61	0	0%
CSTAR Child/Adolescent Family	1010	181	17.9%
CSTAR General Family	401	3	0.7%
GTS Adult Family	757	33	4.4%
GTS Child/Adolescent Family	100	0	0%
Methadone Family	88	4	4.5%

# Demographics of Family Member Receiving Services

Person completing form provided demographics of their family member receiving services.

		Total State Served Consumers <sup>a</sup>	Total Family Survey Returns	CSTAR Women	CSTAR Child/ Adolescent	CSTAR General	GTS Adult	Methadone Consumers
<b>SEX</b>	Male	62.9%	59.1%	11.1%	59.3%	0%	93.9%	25.0%
	Female	37.1%	40.9%	88.9%	40.7%	100.0%	6.1%	75.0%
<b>RACE</b>	White	69.0%	85.5%	77.8%	85.9%	100.0%	87.5%	75.0%
	Black	29.1%	9.8%	16.7%	9.6%	0%	6.3%	25.0%
	Hispanic	0.5%	3.0%	5.6%	2.3%	0%	6.3%	0%
	Native American	0.4%	0.9%	0%	1.1%	0%	0%	0%
	Pacific Islander	0.2%	0%	0%	0%	0%	0%	0%
	Alaskan	0%	0%	0%	0%	0%	0%	0%
	Oriental	0.2%	0%	0%	0%	0%	0%	0%
	Bi-Racial	0.3%	0.9%	0%	1.1%	0%	0%	0%
	Other	0.5%	0%	0%	0%	0%	0%	0%
	<b>AGE</b>							
	0-17	11.2%	20.15	32.94	15.21	53.00	33.67	44.75
	18-49	82.3%	74.9%	0%	99.4%	0%	0%	0%
	50+	6.5%	23.4%	94.4%	0.6%	33.3%	100.0%	75.0%
			1.7%	5.6%	0%	66.7%	0%	25.0%

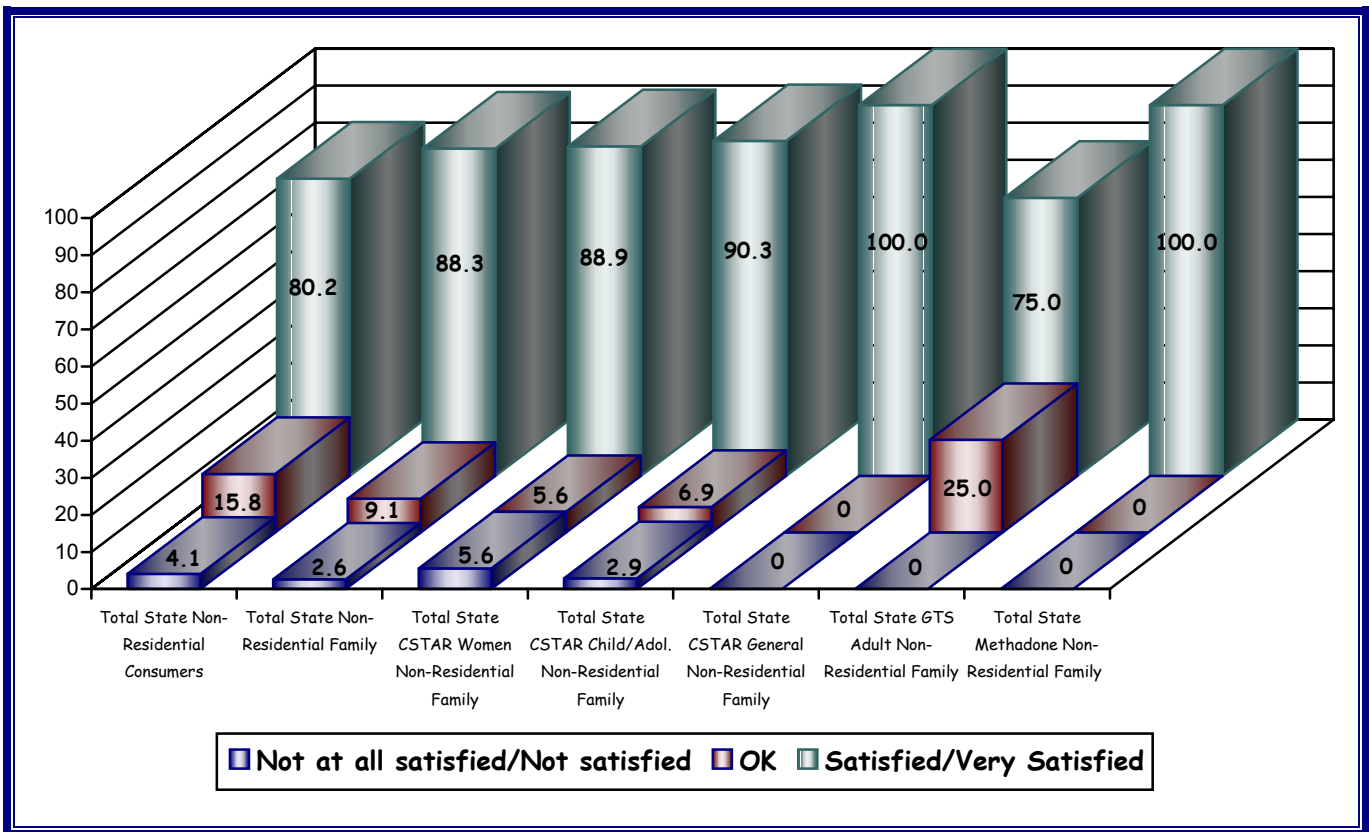
<sup>a</sup> The Total Served represents statistics on demographics based on the roster of those served April 2002.

## Is Your Family Member's Life Better

One question on the family member survey addressed the issue of whether or not their family member's life has improved because of the services received. The following table shows the results of this question.

Is your family member's life "better" now than before s/he began receiving services?	Yes	No	Unsure
Total ADA Non-Residential	182 (82.4%)	6 (2.7%)	33 (14.9%)
CSTAR Women	14 (93.3%)	0 (0%)	1 (6.7%)
CSTAR Child/Adolescent	142 (84.0%)	5 (3.0%)	22 (13.0%)
CSTAR General	3 (100.0%)	0 (0%)	0 (0%)
GTS Adult	20 (66.7%)	1 (3.3%)	9 (30.0%)
Methadone	3 (75.0%)	0 (0%)	1 (25.0%)

# Overall Satisfaction with Services



*Program Satisfaction: Percent of responses to the question "How satisfied are you with the services you receive?"*

Some of the key findings were:

- Statewide, 88.3% of family members of consumers served by the Division of Alcohol and Drug Abuse (ADA) Non-Residential programs were "satisfied" or "very satisfied" with services.
- The highest satisfaction ratings were in the CSTAR General Non-Residential and Methadone programs where 100% of the families who responded to the survey were "satisfied" or "very satisfied" with services.
- The lowest percent who were "satisfied" or "very satisfied" with services was found in the families of GTS Adult Non-Residential consumers where 75.0% noted this rating.

# Satisfaction with Services

How satisfied are you . . .	Total Consumers	Total Family Member Forms	CSTAR Women/Children	CSTAR Child/Adolescent	CSTAR General	GTS Adult	Methadone
with the staff who serve your family member?	4.27 (2549)	4.43 (235)	4.39 (18)	4.47 (179)	5.00 (3)	4.19 (32)	4.67 (3)
with how much your family member's staff know about how to get things done?	4.18 (2542)	4.31 (233)	4.11 (18)	4.35 (179)	4.67 (3)	4.13 (30)	4.33 (3)
with how your family member's staff keep things about his/her life confidential?	4.31 (2529)	4.51 (232)	4.44 (18)	4.54 (177)	5.00 (3)	4.32 (31)	4.67 (3)
that your family member's treatment plan has what he/she wants in it?	4.17 (2532)	4.32 (234)	4.22 (18)	4.34 (178)	5.00 (3)	4.16 (32)	4.33 (3)
that your family member's treatment plan is being followed by those who assist him/her?	4.23 (2520)	4.43 (234)	4.28 (18)	4.46 (178)	5.00 (3)	4.25 (32)	4.67 (3)
that the agency staff respect your family member's ethnic and cultural background?	4.36 (2491)	4.55 (222)	4.50 (18)	4.59 (169)	5.00 (3)	4.27 (30)	4.50 (2)
with the services that your family member receives?	4.25 (2542)	4.45 (231)	4.33 (18)	4.49 (175)	4.67 (3)	4.25 (32)	4.67 (3)
that services are provided for your family member in a timely manner?	4.15 (2546)	4.37 (236)	4.28 (18)	4.42 (180)	4.67 (3)	4.09 (32)	4.67 (3)
The first number represents a mean rating. Scale: 1=Not at all satisfied . . . 5=Very satisfied. The number in parentheses represents the number responding to this item.							

## Some of the key findings were:

- **Statewide, family members of consumers served by the Division of Alcohol and Drug Abuse Non-Residential programs reported that they were satisfied with services. All ratings were at least a mean of 4.00 ("satisfied").**
- **Family members were most satisfied with the staff's respect of ethnic and cultural backgrounds (mean of 4.55).**
- **Family members were least satisfied with how much staff knows about how to get things done (4.31).**
- **The CSTAR General Non-Residential and Methadone clinic family members were the most satisfied with services (means of 4.67).**

# Satisfaction with Quality of Life

How satisfied are you . . .	Total Consumers	Total Family Member Forms	CSTAR Women/Children	CSTAR Child/Adolescent	CSTAR General	GTS Adult	Methadone
with how your family member spends his/her day?	3.77 (2529)	3.76 (229)	3.89 (18)	3.66 (176)	4.33 (3)	4.14 (29)	4.00 (3)
with where your family member lives?	3.74 (2508)	4.11 (229)	4.33 (18)	4.10 (175)	4.67 (3)	4.03 (30)	4.00 (3)
with the amount of choices your family member has in his/her life?	3.64 (2534)	3.73 (231)	3.83 (18)	3.67 (179)	3.67 (3)	4.00 (28)	4.33 (3)
with the opportunities/chances your family member has to make friends?	3.79 (2527)	3.77 (231)	4.11 (18)	3.67 (179)	4.33 (3)	4.07 (28)	4.00 (3)
with your family member's general health care?	3.77 (2462)	4.09 (231)	4.28 (18)	4.12 (179)	3.33 (3)	3.82 (28)	4.33 (3)
with what your family member does during his/her free time?	3.79 (2522)	3.52 (230)	3.72 (18)	3.44 (178)	3.67 (3)	3.89 (28)	3.33 (3)
How safe do you feel...							
your family member is in his/her home?	4.35 (2520)	4.43 (235)	4.50 (18)	4.45 (180)	3.33 (3)	4.42 (31)	4.33 (3)
your family member is in his/her neighborhood?	4.15 (2515)	4.12 (233)	3.88 (17)	4.13 (180)	3.50 (2)	4.26 (31)	4.33 (3)
<p>The first number represents a mean rating.</p> <p><i>How satisfied are you?</i> Scale: 1=Not at all satisfied . . . 5=Very satisfied.</p> <p><i>How safe do you feel?</i> Scale: 1=Not at all safe . . . 5=Very safe.</p> <p>The number in parentheses represents the number responding to this item.</p>							

## Some of the key findings were:

- The family member's responses to the quality of life questions indicated less satisfaction than their answers pertaining to satisfaction with services.
- Family members were most satisfied with safety in the home (mean 4.43) and least satisfied with what their family member does during his/her free time (mean of 3.52).

# ADA Non-Residential Family Subjective Responses

## What was Liked Best About the Program:

### *Staff/ Counselors*

Family members of individuals in treatment were asked to tell what they liked best about the services their son/daughter/ward received. In many cases family members indicated that they liked the counselors and staff who provided the direct services the best. Several family members simply wrote, *the counselor*. Others were a little more descriptive, *I really like the counselors and how they have helped S\_\_\_\_\_ and they're so easy to talk to*, and *I liked the counselor and how she worked with my daughter*. A similar statement was made by a grandparent who said, *Having seen our grandson in other programs, which were a complete joke, this facility has been a Godsend. The counselors have the ability to win the respect of their patient. L\_\_\_\_\_ has improved in attitude to the point of seeming to be a different person. These people are great!*

Several other family members said they liked that the staff seemed to be available to the family. *If you need help the staff are always there to help you*, and *Staff is always there for us when we ask for help*. It was apparent from statements like this that family members need to feel like they can also be supported through the process as their son/daughter/ward go through treatment.

### *Counseling*

In addition to the counselors themselves, family members also stated that they liked the specific counseling their son/daughter/ward received as well as the counseling and support they themselves received. Some examples of comments that illustrate this are as follows, *The counseling and parent group, I like the counseling we both get*, *The one on one counseling and helping her deal with her past*, and *individual counseling*.

### *Overall Services & Treatment*

When asked what they liked best about the services their family member received, some individuals made general statements about the supports and treatment. One respondent wrote, *The support and options that are given to us*. Another had this to say, *The straight no nonsense approach dealing with our daughter was exactly what she needed*. One individual liked that the services they received were prompt, *Services are prompt - therapy session starts and end on time*. In addition to these comments about the overall services and treatment individuals received, one family member wrote that they were pleased with the flexibility that allowed for the family counseling to occur in their home, *We have no transportation so they have been great about getting us to treatment and having family counseling in the house*.

### *Changes in the person receiving treatment*

For family members it would be understandable that seeing positive changes in the lives of their son/daughter/ward would be a likeable characteristic of the services received. Many family members commented on the changes they saw in the following way, *Seems to be mellowing out and not as upset*, *That she is trying to get her life back on track*, and *My daughter has learned much about how her decisions affect her life and is making better choices in friends and activities*. Another family member responded in a similar way when asked what they liked best about the services their son received, *The way he acts and his outlook on life is better*.

## What Could Be Improved:

### *Positive responses*

When asked, how could the service you received be improved, several individuals had only positive comments indicating that they didn't believe any improvement was necessary. One individual wrote, *I feel like the services are perfect.* Another person simply said, *Everything is good here.*

### *Group/ Therapy*

Some family members wanted to see group therapy improved in some way. Several individuals indicated that they thought the group sessions focused more on inpatient clients than on outpatient clients. One individual stated that they would like to see more focused group discussion that included the outpatient clients as well, *More focused on group issues - not on inpatient issues - include those of us who are outpatient.* Another had a similar comment about the same issue, *More group issues being addressed keeping on topic instead of inpatient issues.* Another respondent to the survey thought it would be helpful if they had group sessions for the parents whose children were in treatment, *Have groups for parents to discuss having kids who abuse drugs and how to cope.*

### *Staff*

A few individuals who responded to the survey indicated that the staff could be better trained. When asked how services could be improved comments like the following illustrate family member's desire for better trained staff, *There could be more professionals on staff and they could provide better medical attention and recovery tools. I have been in recovery for 13 years and have never seen such a poorly staffed facility,* and *The techs could do better - take more training.*

### *After Care*

Some family members indicated that after care was an area that needed to be addressed. The issue of ongoing supports and services after individuals receive treatment is a major issue for many family members. Comments like the following illustrate this, *Provider more aware of aftercare services in other areas, I'd like to continue family therapy after our son is finished with group* and *I wish we could continue with family therapy after my daughter stops her classes.*

### *Communication*

A few respondents to the survey indicated that there needed to be better communication with parents. When asked how could the services you received be improved some family members had this to say, *Better communication with Case Worker, Wish they would communicate with me more - Once a week or so,* and *more communication with parents.*

### *Interaction with Family Members*

Interaction with family members is an important issue that can be divided up into a couple areas. The first being that some family members wanted more interaction with their son or daughter as illustrated in the following comments, *See her more times a week* and *More time to spend with her.*

Another area in regard to interaction with family members was the communication between the staff and the parents. Some family members indicated that they didn't believe they got the updates and information they would like to have about the treatment process of their son or daughter, *I am happy with most services except for the updates. I feel that someone should be at the phone no matter what so that the parents shouldn't have to wait until the service has time for us.* One family member wrote that they wished staff would keep them informed.



A final area in regard to interaction with family members that was cited as needing improvement was how one individual felt like the interaction they had with the staff needed to be more compassionate on the part of the staff. *Show a little more compassion to the parents. It's not always our fault.*

#### *Program Issues*

Some family members indicated that they felt that some programmatic issues needed improving. One of those program issues had to do with the amount of time clients spent on level I. A couple family members believed that there needed to be longer services for Level I, *longer services for Level I and not enough time in Level I - I wish it was 90 days.* When asked how services could be improved one mother wrote that she had never received the plan of treatment that was promised to her in the printed information she had obtained prior to entering services. She wrote, *According to printed information given I was to have received a "plan of treatment" - did not receive it.*

#### *More Time*

When asked how services could be improved a number of family members indicated that the services needed to be longer. This is most succinctly expressed in the following, *Longer - Out Patient is only 3-4 months. I'd like my child to come her for a year.* Other comments about lengthening the time span of services were, *Wish it would last longer, be longer, and services need to last longer.*

#### *Drug Testing*

One family member indicated that they wished that there could be drug testing for her daughter on the weekends. She wrote, *Wish she could be drug tested on the weekends.*